

INTERDISTRICT PUBLIC SCHOOL CHOICE

NOTICE OF INTENT TO ENROLL

(SAMPLE)

TO: (Name), Superintendent
(Name of choice district)

The undersigned, as parent(s) or legal guardian(s) of (Name of student) certify our intention to enroll (Name of student) in grade (enter grade level) at (Name of school) in (Name of choice district) for the school year beginning in September 2004. We understand that this Notice of Intent to Enroll is binding upon (Name of student) and that (Name of student) must remain enrolled in (Name of choice district) for at least the full 2004-2005 school year.

Signature

Date: _____

Print name

Signature

Date: _____

Print name

Due to choice district no later than [first cycle: January 15, 2004.] [second cycle: May 17, 2004]